SEST AVAILABLE COPYApplication or Docket Number

BEST AVAILABLE C PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I									SMALL ENTITY		OTHER THAN	
			(Column 1)		(Column 2)		-	TYPE		OR		
TOTAL CLAIMS								RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			70 minus 20=		· /			X\$ 9=		OR	X\$18=	185
INDEPENDENT CLAIMS			// minus 3 =		* /			X40=		OR	X80=	86
MULTIPLE DEPENDENT CLAIM PRESENT					- 11-7-1			+135=		OR	+270=	
* If the difference in column 1 is less than zero, er					r "0" in c	olumn 2	ı	TOTAL		OR	TOTAL.	470
	C		NENDED - PART II (Column 2)			(Oak 0)		SMALL E	ENTITY	OR	OTHER SMALL	11
	An Wildestern Street, Name of	(Column 1) CLAIMS			mn 2} IEST	(Column 3)	l 1	OMALL) 		<u></u>
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MU	Minus	PENDEN	T CLAIM	=	!	X40=		OR	X80=	
<u></u>	rinot rhese	NIATION OF MC	CHELL DE	LINDLIN	CLANVI			+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	•	NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T CL AINA]=		X40=		OR	X80=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUN PREV	HEST MBER IOUSLY) FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											+270= TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		nber Previously Pa					er fou	und in the api	propriate bo	k in co	lumn 1.	